COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

Enterprise Invoice Management

&

Enterprise Service Management Project

BSAS

Opioid Urgent Care Center Intake, Enrollment & Disenrollment Manual

For Opioid Urgent Care Center Intake, Enrollment & Disenrollment Forms

Version 1

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Introduction

The Department of Public Health (DPH), Bureau of Substance Abuse Services (BSAS) collects client and service data via the Executive Office of Health and Human Services (EOHHS) business application, Enterprise Invoice Management-Enterprise Service Management (EIM-ESM), which is accessed through the web-based EOHHS Virtual Gateway.

Why Do We Collect this Data and Why is Accuracy Important?

At least half of the funding for substance abuse services is Federal. BSAS reports to the Substance Abuse and Mental Health Services Administration (SAMHSA).

- ❖ It is a federal reporting requirement that we submit this data to SAMHSA
  - The data submitted to SAMHSA is referred to as the Treatment Episode Data Set (TEDS)
  - TEDS is the ONLY national client-level database on substance abuse treatment
    - ➡ The data is used by federal policymakers, researchers, and many others
  - It provides data for trend analysis, understanding characteristics of persons admitted to substance abuse treatment and client outcomes
  - It includes information on all clients admitted to programs that receive public funds

- ❖ Performance Management
  - Level of Care Management meeting process
  - Development of provider feedback reports
    - ➡ Business Decision Support
    - ➡ Analysis to determine client outcomes and to promote best practices

EIM-ESM is designed to provide timely and comprehensive reports on client characteristics at Intake and Enrollment, client status at Disenrollment, and client change between the beginning and end of the treatment episode. The data system can be used to monitor treatment time and readmission rates for the same or different substance abuse problems. An important dimension of the system is that client and fiscal information systems use the same database. As a result, program managers may obtain detailed information on the type and amount of services provided and the cost of services to specific client groups.

Goals and Objectives

The primary goal of the EIM-ESM data collection by the Bureau of Substance Abuse Services is to enhance fiscal and program management. To achieve that goal, the system has eight objectives:

1. Provide unduplicated client count
2. Provide count of client enrollments
3. Monitor usage patterns
4. Provide timely reports on client characteristics
5. Verify billing and suspend payment if necessary
6. Compute utilization rates
7. Produce budget status reports
8. Facilitate treatment and recidivism studies

Client Confidentiality

The Bureau realizes that there is concern as to client confidentiality because client names and other identifying information such as Social Security numbers (SSN) are collected by EIM-ESM. Not only does the Bureau adhere to the provision governing the confidentiality of alcohol and drug abuse patient records (Code of Federal Regulations, Chapter 42, Part II), but in addition the data is protected by HIPAA and by the Massachusetts Fair Information Practices Act. The data qualify as medical records and, therefore, cannot be requested as "public records".

The EIM-ESM security measures are robust. It is an award winning security system. The way in which the information is stored is fragmented so is not relatable. In addition, the Department of Public Health's Legal Office determined that BSAS staff, including any research or analytic staff, should have no access to the EIM-ESM interface, unless required to meet their job responsibilities – Provider Support and Technical Assistance. The very few that do have access to the interface not only abide by the strictest of Confidentiality Agreements but are housed in locked offices to assure that no one might accidently view any part of the interface.

In addition, there is a Qualified Service Organization Agreement (a signed and dated document describing the agreed upon terms of a service relationship between the licensee and the qualified service organization, which meets the requirements of 42 CFR Part 2), between DPH and EOHHS which assures that access to identified client screens is not permitted by any EOHHS staff supporting the EIM-ESM application.

Why is the collection of identifying information so important?

Without it the Bureau could not meet its goals: provide unduplicated client count, provide count of client enrollments, monitor usage patterns, provide timely reports on client characteristics, verify billing and suspend payment if necessary, compute utilization rates, produce budget status reports, and facilitate treatment and recidivism studies; without which accurate client outcomes would not be available to enhance treatment opportunities.

EIM-ESM also limits access to a client's enrollment information and substance abuse assessment information to the organization that is treating the client and holds the consent to enter the data into EIM-ESM.

Only the enrolling agency can see that the client is enrolled in a BSAS Program.

Tips

- Never email client names when contacting DPH for TA
- Never use the client name when on a phone call with DPH for TA

Interview Assumptions

The BSAS Intake and Assessments interviews are based on two important assumptions:

1. **The Bureau's Intake/Assessment interviews are not designed as clinical interviews**. Although general descriptions of client status are obtained, the detail required for a comprehensive analysis of the client's substance abuse and related problems is not elicited. Programs, therefore, are expected to conduct more detailed clinical interviews. Collection of the Assessment data can be a part of the more comprehensive clinical interview.

2. **Many of the interview items are designed as prompts.** A specific question format is not provided. Clinicians are free to ask the questions in their own style and format. The only constraint is that all required questions must be asked and an answer provided even when it is "unknown' or "refused".

OPIOID URGENT CARE CENTER INTAKE FORM

All questions marked with ▶ are required and must be completed.

▶ESM Client ID

The Client ID is automatically assigned when the client is entered into the ESM-EIM system. This number should be recorded on the Intake form and then Assessments *after the data is entered* into EIM-ESM system. As the Bureau does not have access to client names, this is helpful information to have in the client record when verifying the data in the system or when communicating with the Bureau regarding the specific client's case and/or billing.

▶Triage Tool ID

▶ ESM Release of Information

The ESM Release of Information check off box on the Intake Form pertains to <u>client identifying information only.</u> It is mandatory that the box is checked indicating whether or not the client has signed the Program's ESM Release of Information. Again, the release pertains to client identifying information only. Programs are required to submit all demographic and assessment information to BSAS. Clients should be assured that in signing the release, such identifying information only helps to better enable the system to verify what services work well and where they are needed and to assist Programs in working with payers of treatment.

Check yes if the client has signed the ESM Release of Information.

If the client should opt not to sign the release of information, <u>demographic and assessment information must still be collected</u> but without any client identifiers. This can be accomplished by using the following steps:

1. Create an **Intake Code** to clear client identifiers. Use this code in place of the client's first and last name on the intake form.
2. The code is four or five alphabetic characters composed of capital letters from the individual's full name:
    1) First letter of the client's first name
    2) Third letter of the client's first name
    3) Middle initial (If none, create a four digit code instead)
    4) First letter of the client's last name
    5) Third letter of the client's last name
3. Use 999-99-9999 for the Social Security Number
4. Address: Use "1 Main Street" for the street address and the actual town/city where client lives. Street address can only be skipped if the client is Homeless.
5. Birth Date: Use the actual year of the client's birth (YYYY) with 01/01 as the MM/DD unless that is the actual birth date, in that case use 02/01 as the MM/DD.

- The Intake Code is only necessary when a client refuses to sign the ESM Release of Information.
- The Intake Code will only appear on the Intake Form.
- For Enrollment Assessment: The BSAS **Client Code** is required. The BSAS Client Code is similar to the Intake Code, but must always consist of five alphanumeric characters.

► Enrollment Date

Enter the day that the client was enrolled/admitted to the program. Enter the date using the MM/DD/YYYY format. MM must be 01 through 12 and DD must be 01 through 31 (e.g., 06/01/2007).

1. First Name/Middle Initial/Last Name/Suffix

Enter the Legal name. Ask for the middle initial and do not enter nicknames. It is important to pursue the legal name to ensure that the client is not entered into the system multiple times due to slight variations in name. Duplicate entries of the same client will prevent the accurate analysis of the client's treatment history and outcomes.

If the client did not sign the ESM Release of Information, use the client's Intake Code as first and last name. Why? To avoid the potential mistake of the client's name being illegally entered into the application.

►2. Highest Grade Completed

Check only one box. Select the one that is most appropriate. The choices are:

- Not of school age
- Some schooling, no high school
- Some high school
- High school diploma/GED
- Some college
- Associates degree
- College degree or higher
- Other credential (degree, certificate)
- No formal education
- Unknown

►3. Gender

Check only one box. Select either 'Male', 'Female', or 'Transgender'.

►4. Birth Date

Enter the client's birthday using the MM/DD/YYYY format. MM must be 01 through 12 and DD must be 01 through 31 (e.g., 06/01/2007).

▶5. Social Security Number (SSN)

Enter the client's SSN, if available. If the client refuses to provide their SSN or it is unknown, enter 999-99-9999 instead.

▶6a. Address Type

Read Job Aid and Decision Tree (next following pages) to help determine Homelessness versus non-Homelessness

Check only one box. Select the one that is most appropriate (see definitions). The choices are:

- Home
- Near Homeless
- Homeless

!!!See Decision Job Aid and Home/Near Homeless- Home/Homeless Decision Tree on Next Three Pages Before Answering!!!

▷ Street Address

Enter the street address where the client resides. No street address is required if the client is homeless.

▶ City/Town, State, Zip Code

Enter the city/town, state, and zip code where the client resides. If the client is homeless, enter the city/town, state where the client is homeless. Use any zip code that corresponds with the city/town where homeless.

Never Use the Program's address/city/town/zip code!

▶6b. Primary Address

Always check **'Yes'**.

Virtual Gateway: (EIM/ESM)

ESM Determining Homeless Versus non-Homeless (BSAS) Job Aid

- How to determine if a new or even returning client is homeless, near homeless or has a home has proved difficult for most providers.
- We have tried to make the process easier by creating this job aid which explicitly states the criteria one must meet in order to be homeless or near homeless.
- You will also find a helpful Decision Tree, listing various living situations and guiding you as how
- best to code them.

- Please Remember, just because a client may have an address in the system, it does not necessarily mean that the client still resides there.
- ALL demographic information must be updated including ADDRESS TYPE.
- If the client confirms that the information is the same, Hit the Save Button.
- If the information has changed, you must Create a New Record (not a new assessment, a new record for that field.)

Homeless: This definition covers the following circumstances or living situations.

1. An individual/family who spent last night in a shelter or the streets
2. An individual/family who has been sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation, such as a car, park, abandoned building, bus/train station, airport or camping ground
3. An individual/family who spent last night in a residential treatment program
    a. *AND* has no permanent place to live or return to
4. An individual/family who spent last night in an institution (such as jail, hospital)
    a. *AND* has no permanent place to live or return to
5. An individual/family who spent last night in a hotel/motel paid for by charitable organization or federal/state/local government programs
    a. *AND* has no permanent place to live or return to
6. An individual/family fleeing domestic violence or other dangerous, life-threatening condition
    a. *AND* has no permanent place to live or return to
7. An individual/family who is being intaked/enrolled into a "housing PLUS supportive case management" program
    a. *AND* who is living in a housing setting (permanent, transitional, low-threshold) attached to that supportive case management program
    b. *AND* has met the "homeless" criteria listed above immediately before moving into the "housing PLUS supportive case management" program

Near Homeless: This definition covers the following circumstances or living situations:

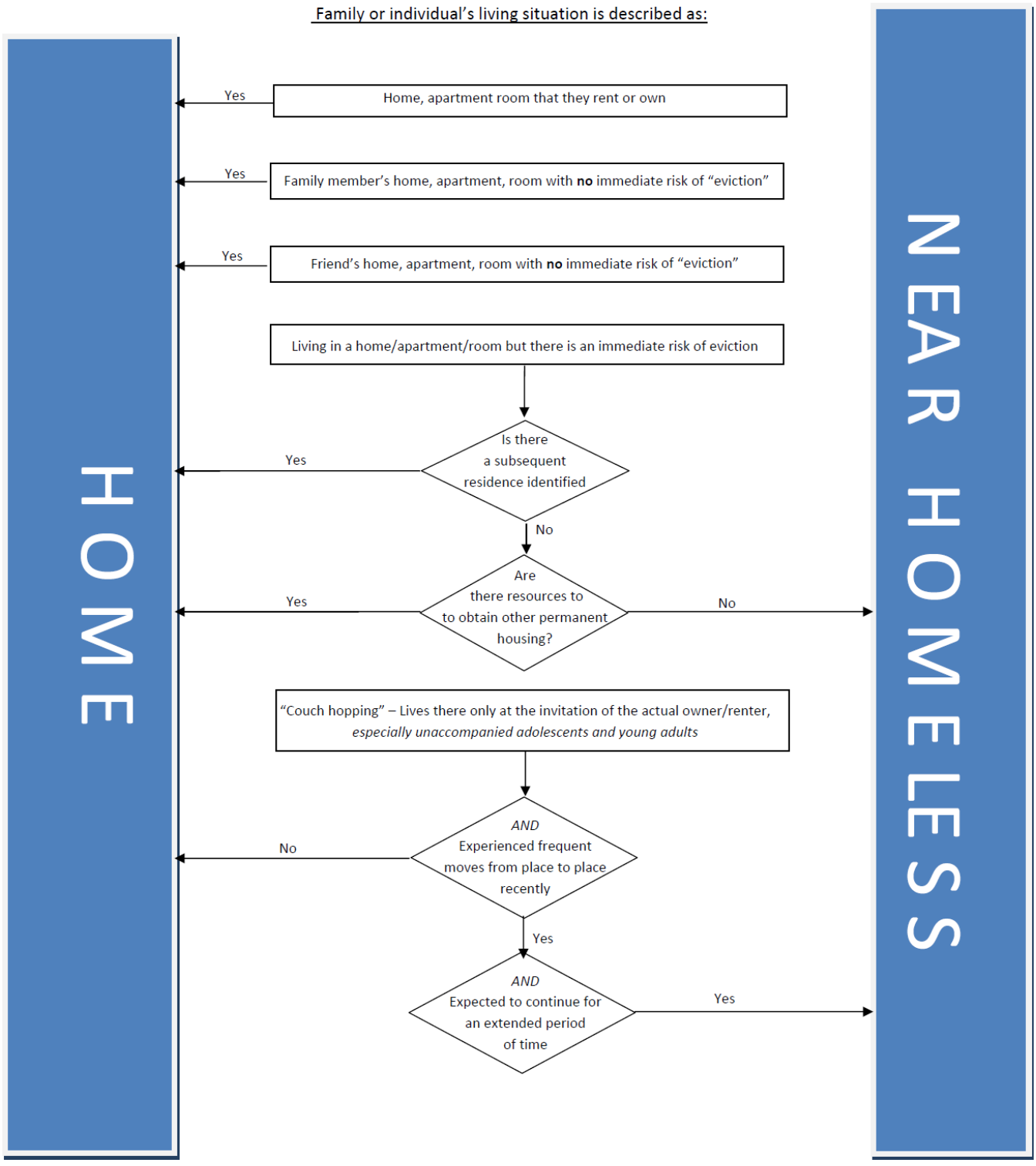
a. Individuals/families will imminently lose their primary nighttime residence (through eviction, foreclosure)
a. *AND* have no subsequent residence identified
b. *AND* lack the resources to obtain other permanent housing.

b. Individuals/families, *especially unaccompanied adolescents and young adults*, who are in a living situation where the individual does not own or hold a lease for the residence
a. *AND* is able to live there only at the invitation of the actual owner/renter
b. *AND* have experienced frequent moves (changes in their housing location) from place to place recently
c. *AND* can be expected to continue in this status for an extended period of time.

BSAS does not fund Homeless Prevention programs. Therefore, the BSAS definition of "Near Homeless" will correspond to Category 2 and 3 of the newer HUD/HEARTH definition of Homelessness. There will <u>not</u> be a BSAS category to correspond with HUD/HEARTH "At-Risk" definitions.

Address Type Decision Tree

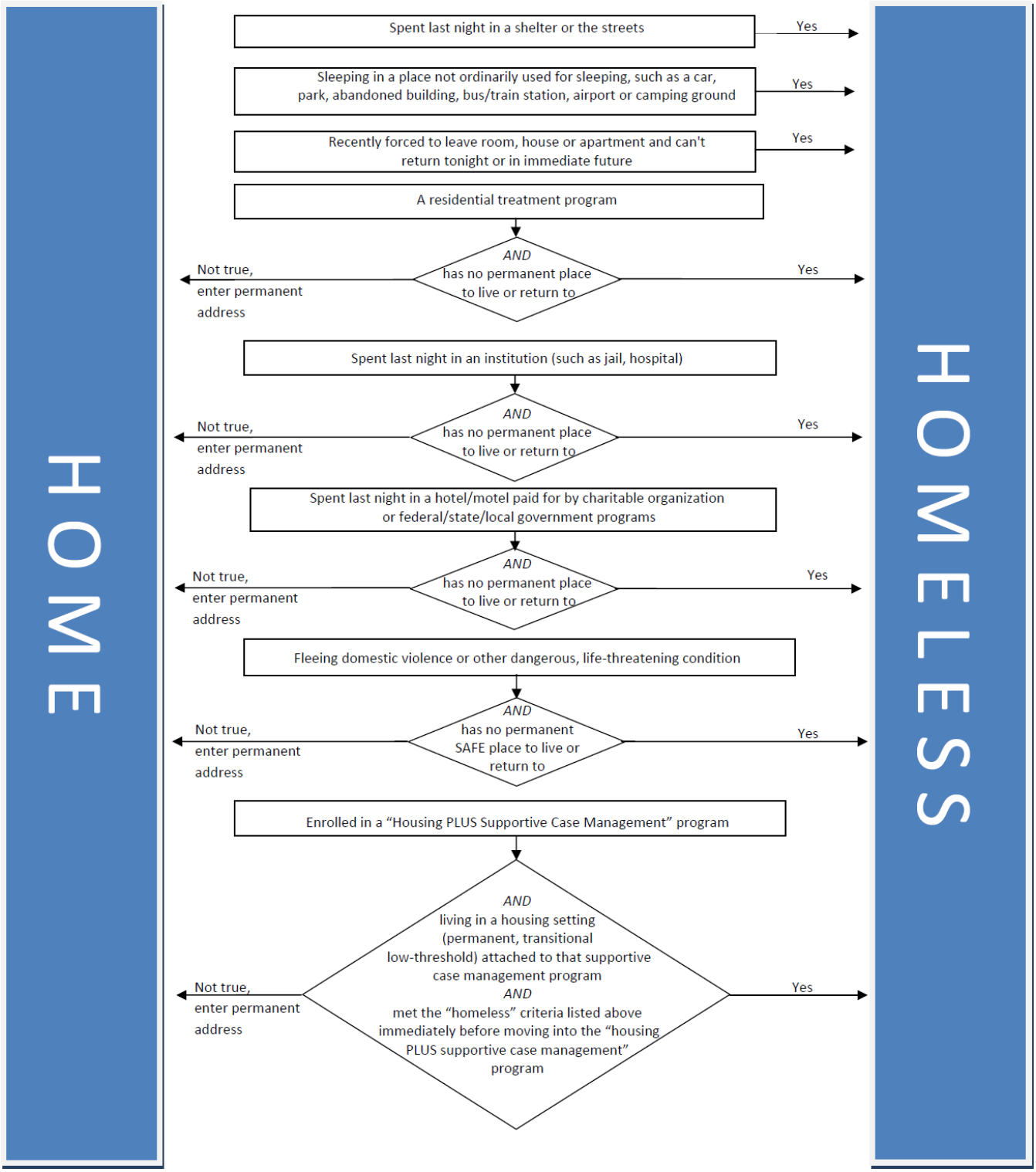
Home/Near Homeless



Address Type Decision Tree

Home/Homeless

Family/Individual's living situation is described as:



7a. Alternate Name

Enter the First, Middle, and Last Name that the individual was previously or is alternately known as or has used as an alias.

When Entering the client's alternate name, be sure to include as much of the legal name that stays the same (e.g., Client's full legal name is John D. Smith. He is also known by his nickname "Johnny". You would report his alternate name as "Johnny D. Smith."

7b. Name Type

Check only one box. Select the appropriate description of the alternative name entered in Question 7a.

The choices are:

- Alias
- Nickname
- Known by
- Married Name
- Maiden Name
- Name at Birth
- Prior Marriage Name

►8a. Are you Spanish/ Hispanic/Latino?

Check only one box. Select either 'Yes' or 'No'.

If the individual answers 'Yes', ask the individual to select an Ethnicity from Question 8b.
If the individual answers 'No', skip to Question 9.

8b. Spanish/ Hispanic/Latino Ethnicities

Check only one box. If 'Other' is selected, specify the ethnicity.

The choices are:

- Central American
- Cuban
- Dominican
- Mexican, Mexican American, Chicano
- Puerto Rican
- Salvadoran
- South American
- Unknown
- Other, if other specify _____

9. What is your primary ethnicity/ancestry?

Check only one box. If 'Other' is selected, specify the ethnicity.

The choices are:

- African
- African American
- American
- Asian Indian
- Brazilian
- Cambodian
- Cape Verdean
- Caribbean Islander
- Chinese
- Eastern European
- European
- Filipino
- Haitian
- Japanese
- Korean
- Laotian
- Latin American Indian
- Middle Eastern
- Portuguese
- Russian
- Thai
- Vietnamese
- Unknown
- Other, specify_____

►10. What is your race?

Check **all** that apply. If the individual selects 'Other', specify the race.

The choices are:

- American Indian/Alaskan Indian
- Asian
- Black, African American
- Native Hawaiian or Pacific Islander
- White
- Other, specify_____
- Unknown (this is an exclusive check, no others can be checked)
- Refused (this is an exclusive check, no others can be checked)

►11. In what language do you prefer to read or discuss health related materials?

Check only one. If the individual selects 'Other', specify the language.

The choices are:

- American Sign Language
- Cambodian (Khmer)
- Cape Verdean Creole
- Chinese
- English
- Haitian Creole
- Hmong
- Korean
- Laotian
- Portuguese
- Russian
- Spanish
- Vietnamese
- Other, specify_____

►12. Number of Adults in Household

Enter the number of adults living in the individual's home. Enter **'1'** if the client is homeless or incarcerated.

►13. Number of Children Living in Household

Enter the number of children less than 19 years living in the household. This may include the individual's children and/or the children of other adults in the household.

►14a. Client Income

Report the individual's income. If the individual is a child, report the parent's income.

If the answer to Question 14a is zero, skip to Question 16.
If client has any income, Questions 14b, and 15 must be answered.

14b. Income Frequency

Select the frequency that is associated with the amount reported in Question 14a.

The choices are:

- Weekly
- Bi-weekly
- Monthly
- Annually

15. Source of Income

Report the source(s) of the income reported in Question 14a. **Select as many as apply**.

The choices are:

- Wages/Salary
- Child Support
- Alimony
- Disability
- Disability - SSI
- Disability - SSIDI
- Veterans Disability Payment
- Private Disability Payment
- Public Assistance - TANF
- Public Assistance - General
- Unemployment Compensation
- Workers Compensation
- Retirement - Social Security
- Retirement/Pension - Private
- Veterans Pension
- Non-employment Cash Income
- None
- Other

16. Received Income Verification:

Check the verification box if verification of the reported income has been received (e.g., a pay stub or other financial documentation.)

▶17. Marital Status:

Check one box.

The choices are:

- Never Married
- Married
- Divorced
- Widowed
- Separated
- Significant Partnership Relationship

►18. Insurance Type

Many of the Insurance Providers offer plans in private, federally and state subsidized Medicaid and state only subsidized ConnectCare. It is **vital** to ask clients not only the name of their insurance but the type as well.

There are many more answer choices in the ESM application, please be sure to select only one of the 7 below.

Check one box.
The choices are:

- Uninsured
- MC (Medicaid/MassHealth)
- MP (Medicare) – Over 65, some disabled
- HM (HMO) – Private HMO through employment or client pay
- C1 (Private Insurance) – through employment or client pay
- OT – (Other) includes State subsidy (e.g., ConnectCare, Health Safety Net)
- VA – Veterans Administration

If the client has Medicaid/Medicare check one box here and the other box under "Additional Insurance" # 20.

► Insurance Company Name

Select the name of the insurance company (e.g. Harvard Pilgrim) or the specific Medicaid plan (e.g. MBHP, Beacon-NHP, MassHealth Standard) or state subsidized plan (e.g ConnectCare-CelticCare, Health SafetyNet)

If the insurance type is Medicare, there are no plan names, simple select Medicare from the list.
If the client is Uninsured this field is not required.

Policy Number

Write in the policy number of the insurance plan.

Data Entry

- If entering a **New** insurance record, enter the Enrollment Date as the Insurance Effective Date
- If existing client with new insurance, end date previous insurance record with day before this Enrollment date.
- If the insurance has **Not Changed** since the client's last enrollment (whether or not at your program) **simply hit SAVE!!!**
- If the individual has insurance through the new state **ConnectCare plan, select 'OT'-'Other'** as this is not a Medicaid or Medicare plan.

►19. Is this your Primary Insurance?

Check one box. Select either 'Yes' or 'No'. This question can only be left blank if the client is uninsured.

20. Insurance Type.

If the client has additional insurance coverage, complete the following. If not, intake is complete.

Many of the Insurance Providers offer plans in private, federally and state subsidized Medicaid and state only subsidized ConnectCare. It is **vital** to ask clients not only the name of their insurance but the type as well.

Check only one box.
The choices are:

- MC (Medicaid/MassHealth)
- MP (Medicare) – Over 65, some disabled
- HM (HMO) – Private HMO through employment or client pay
- C1 (Private Insurance) – through employment or client pay
- OT – (Other) includes State subsidy (e.g., ConnectCare, Health Safety Net)
- VA – Veterans Administration

In that only one type can be checked per question, this is useful for those clients who have Medicaid/Medicare.

► Insurance Company Name

Select the name of the insurance company (e.g. Harvard Pilgrim) or the specific Medicaid plan (e.g. MBHP, Beacon-NHP, MassHealth Standard) or state subsidized plan (e.g ConnectCare-CelticCare, Health SafetyNet)

If the insurance type is Medicare, there are no plan names, simple select Medicare from the list.

Policy Number

Write in the policy number of the insurance plan.

OPIOID URGENT CARE CENTER ENROLLMENT FORM

▶ ESM Client ID

The Client ID is automatically assigned when the client is entered into the ESM-EIM system. This number should be recorded on the Intake and Assessment forms *after the data is entered* into EIM-ESM system. This is helpful information to have in the client record when verifying the data in the system or when communicating with the Bureau regarding the specific client's case and/or billing as the Bureau does not have access to the name.

▶ Triage Tool ID

▶ Enrollment Date

Enter the day that the client was enrolled/admitted to the program. Enter the date using the MM/DD/YYYY format. MM must be 01 through 12 and DD must be 01 through 31 (e.g., 06/01/2007).

First Name/Middle Initial/Last Name/Suffix

Enter the Legal name. Ask for the middle initial and do not enter nicknames. It is important to pursue the legal name to ensure that the client is not entered into the system multiple times due to slight variations in name. Duplicate entries of the same client will prevent the accurate analysis of the client's treatment history and outcomes.

If the client did not sign the ESM Release of Information, use the client's Intake Code as first and last name. Why?

▶1. Client Code

The Client Code is a five character code composed of capital letters from the individual's full name:

1. First letter of the client's first name
2. Third letter of the client's first name
3. Middle initial (If none, enter 4)
4. First letter of the client's last name
5. Third letter of the client's last name

The Client Code was used to monitor multiple enrollments across years when EIM-ESM was not implemented and there was no unique Client ID assigned by a system. This is also used by the Federal funding source, The Center for Substance Abuse Treatment, CSAT, to link records across years when monitoring substance abuse treatment utilization and trends.

If the individual's first or last name does not have three letters, use a 4 in place of the third letter. Be sure to base the Client Code on the individual's *full legal name.* Do not use shortened names, such as Bill for William or nicknames such as Buddy. Also, try to obtain the middle initial. Taking these steps will ensure the quality of data analysis where the Client Code is being used, in part, to uniquely identify clients.

►2. Intake/Clinician Initials

Enter the initials of the clinician who conducted the enrollment assessment interview.

►3. Do you own or rent a house, apartment, or room?

Check only one box. Select either 'Yes' or 'No'

If the individual answers 'Yes' to Question 3, Skip Question 4 and go to Question 5.
If the individual answers 'No' to Question 3, they must answer Question 4.

4. Are you 'Chronically Homeless'?

Check only one box. Select either 'Yes' or 'No'

Read the HUD definition of a chronically homeless person **before** answering this question.

HUD definition of a chronically homeless person:
'A person who is 'chronically homeless' is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. In order to be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g. living on the streets) and/or in an emergency homeless shelter.' A disabling condition is defined as 'a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.' A disabling condition limits an individual's ability to work or perform one or more activities of daily living. An episode of homelessness is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter. A chronically homeless person must be unaccompanied and disabled during each episode.'

►5. Enter the Zip Code of the Person's Last Permanent Address:

*Do **Not** put zip code of Program.*
This is the person's last **PERMANENT** address. They may be homeless in Boston but their last permanent address goes back a year or more to a family residence.

- If the person is homeless now, this would have been captured on the Intake Form.
- This question serves to show the migration of populations and if people are having to leave one area in order to obtain services.

►6. Where did you stay last night?

Check only one box. If 'Other' is selected specify the place.

The choices are:

- **1** Emergency shelter
- **2** Transitional housing for homeless persons
- **3** Permanent housing for formerly homeless
- **4** Psychiatric hospital or other psychiatric facility
- **5** Substance abuse treatment facility or detox
- **6** Hospital (non-psychiatric)
- **7** Jail, prison or juvenile detention facility

- ☐ **8** Room, apartment, or house that you own or rent
- ☐ **9** Staying or living with a family member
- ☐ **10** Staying or living with a friend
- ☐ **11** **Room, apartment, or house to which you presently cannot return (future return may be uncertain)**
- ☐ **12** Hotel or motel paid for without emergency shelter voucher
- ☐ **13** Foster care home or foster care group home
- ☐ **14** Place not meant for habitation
- ☐ **15** Other specify_____
- ☐ **88** Refused

►7a. Do you consider yourself to be transgender?

Check only one box.

The choices are:

- ☐ Yes
- ☐ No
- ☐ Refused

7b. If you answered 'Yes' to Question 7a, you must answer Question 7b.

Check only one box. If 'Other' is selected, please specify: (e.g. Intersex)

The choices are:

- ☐ Male to Female
- ☐ Female to Male
- ☐ Other, specify_____

►8. With what sexuality do you identify?

Check only one box. If 'Other' is selected, please specify: (e.g. Queer)

The choices are:

- ☐ Heterosexual
- ☐ Gay/Lesbian
- ☐ Bisexual
- ☐ Other, specify_____
- ☐ Refused

►9. How did you learn about our Program?

Enter one code from the following choices. You must enter 2 digits with leading zeroes for the entry to be valid.

Please pay close attention to the code numbers as series of numbers have been discontinued.

The choices are:

01 Self, Family, Non-medical Professional
02 BMC Central Intake – Room 5
03 ATS – Detox
04 TSS – Transitional Support Services
05 CSS/CMID – Clinical Stabilization Services
06 Residential Treatment *Substance Abuse Residential such as Halfway House, Therapeutic Community, Family Residential Program*
07 Outpatient Substance Abuse Counseling
08 Opioid Treatment *Includes Methadone Treatment, Office-based Suboxone Treatment*
09 Drunk Driving Program *Includes First Offender Driving Alcohol Education and Second Offender (2-week Residential DUIL) Programs*
10 Acupuncture
11 Gambling Program
12 & 13 Discontinued
14 Sober House *Living situation, no treatment within House*
15 Information and Referral
16 Recovery Support Centers
17 Second Offender Aftercare *Outpatient (follows 2 week DUIL Residential Program)*
18 Family Intervention Program *Programs designed to work with family members/concerned others to engage substance abuser to enter treatment*
19 Other Substance Abuse Treatment
20 Health Care Professional, Hospital
21 Emergency Room
22 HIV/AIDS Programs
23 Needle Exchange Program
24 – 25 Discontinued
26 Mental Health Professional
27 – 29 Discontinued
30 School Personnel, School System, College
31 Recovery High School
32 – 39 Discontinued
40 Supervisor/Employee Counselor
41 – 49 Discontinued
50 Shelter
51 Community or Religious Organization
52 – 58 Discontinued
59 Drug Court
60 Court – Section 35
61 - 62 Discontinued
63 Court - Other
64 Prerelease, Legal Aid, Police
65 Discontinued
66 Office of Community Corrections
67 Discontinued
68 Office of the Commissioner of Probation
69 Massachusetts Parole Board
70 Department of Youth Services

71 Department of Children and Families (formerly Department of Social Services)
72 Department of Mental Health
73 Department of Developmental Services (formerly Department of Mental Retardation)
74-76 Discontinued
77 Massachusetts Rehabilitation Commission
78 Massachusetts Commission for the Blind
79 Massachusetts Commission for the Deaf and Hard of Hearing
80 Other State Agency
99 Unknown

►10. Client Type

Check **all** that apply.

The choices are:

- **Student:** Clients enrolled in any type of formal/vocational education.
- **Pregnant**: Clients pregnant at the time of enrollment.
- **Postpartum:** Postpartum is defined as the period between delivery and up to one year post delivery.
- **Veteran/Any Military Service:** Any person who has served in any branch of the U.S. Military.
- **Methadone**: Clients currently prescribed methadone by an Opioid Treatment Program to treat their opioid addiction.
- **Buprenorphine**: (e.g. Suboxone)
  Clients currently prescribed buprenorphine by a doctor to treat their opioid addiction
- **Injectable Naltrexone**: (e.g. Vivitrol)
  Clients currently prescribed injectable naltrexone by a doctor to treat their opioid addiction.
- **Probation**: Probation clients are under the supervision of the Office of the Commissioner of Probation. The client's substance abuse treatment may or may not be mandated as a condition of his/her probation.
- **Parole**: Parole clients are under the supervision of the Massachusetts Parole Board.
- **Federal Probation**: Federal probation clients are under the supervision of the Federal government.
- **Federal Parole**: Federal parole clients are under the supervision of the Federal government.

►11. Do you have children?

Check only one box.

The choices are:

- Yes
- No
- Refused

If the client selects 'No' or 'Refused', skip to Question 12.
If the client selects 'Yes', answer Questions 11a-d.

11a. Number Children Under 6

Enter number of children less than 6 years of age.

11b. Number of Children 6-18

Enter number of children between the ages of 6 and 18 years.

11c. Children Over 18

Enter number of children over 18 years of age.

11d. Are any of your children of the Native American race? (i.e., American Indian)

Answer 'Yes' if any of the children are of Native American/American Indian heritage. Answer 'No' if none of the children of Native American/American Indian heritage.

The choices are:

- **1** Yes
- **2** No

►12. Employment at the time of Enrollment

This item is a National Outcome Measure; reporting is required by SAMHSA.
Enter one of the following codes:

1 Full-time Employment – Working 35 hours or more each week, including active duty members of the uniformed services.
2 Part-time Employment – Working fewer than 35 hours each week.
3 Unemployed-Looking for Work – Looking for work during the past 30 days or on layoff from a job.
4 Unemployed-Not Looking for Work – Not looking for work during the past 30 days.

5 Not in labor Force-Student
6 Not in labor Force-Retired
7 Not in labor Force-Disabled
8 Not in labor Force-Homemaker
9 Not in labor Force-Other
10 Not in labor Force - Incarcerated
11 Volunteer
12 Other
13 Maternity/Family Leave

If the individual has not been in the labor force for many years (such as many homeless individuals), code as 'Not in labor Force-Other'.

99 Unknown

►13. Number of days worked last 30 days

Enter the number of days worked in the **30 days prior to being admitted** to the program.

►14. Where do you usually live?

This item is a National Outcome Measure, reporting is required by SAMHSA.
Check only one box.

The choices are:

- **1** House or apartment
- **2** Room/boarding or sober house
- **3** Institution
- **4** Group home/treatment – treatment is provided within the house
- **5** Shelter/Mission
- **6** On the Streets
- **7** Foster Care
- **88** Refused

Where has the client spent/slept most of the time over the last 12 months?

- If the client has been in a residential treatment program, select 'Group Home'.
- If the client was incarcerated, select 'Institution'.

►15. Who do you live with?

Check all that apply.

The choices are:

- Alone
- Child under 6 – whether or not your blood relation
- Child 6-18 – whether or not your blood relation
- Child over 18 - Only check this box if the Child Over 18 is the client's own child
- Spouse/Equivalent
- Parents
- Other Relative
- Roommate/Friend

▶16. Number of prior enrollments/admissions to each substance abuse treatment modality.

Do **not** count current enrollment in Question 16.

Detox:

Enter one code from the following choices:

0 No prior admissions
1 One prior admission
2 Two prior admissions
3 Three prior admissions
4 Four prior admissions
5 Five or more prior admissions
99 Unknown

Residential:

Enter one code from the following choices:

0 No prior admissions
1 One prior admission
2 Two prior admissions
3 Three prior admissions
4 Four prior admissions
5 Five or more prior admissions
99 Unknown

Outpatient:

Enter one code from the following choices:

0 No prior admissions
1 One prior admission
2 Two prior admissions
3 Three prior admissions
4 Four prior admissions
5 Five or more prior admissions
99 Unknown

Opioid:

Enter one code from the following choices:

0 No prior admissions
1 One prior admission
2 Two prior admissions
3 Three prior admissions
4 Four prior admissions
5 Five or more prior admissions
99 Unknown

Drunk Driver:

Select one code from the following choices:

0 No prior admissions
1 One prior admission
2 Two prior admissions
3 Three prior admissions
4 Four prior admissions
5 Five or more prior admissions
99 Unknown

Section 35 Commitments:

Select one code from the following choices:

0 No prior admissions
1 One prior admission
2 Two prior admissions
3 Three prior admissions
4 Four prior admissions
5 Five or more prior admissions
99 Unknown

Other:

Select one code from the following choices:

0 No prior admissions
1 One prior admission
2 Two prior admissions
3 Three prior admissions
4 Four prior admissions
5 Five or more prior admissions
99 Unknown

►17a. How many overdoses have you had in your lifetime?

Enter the number of overdoses the client reported having in their lifetime.

►17b. How many overdoses have you had in the past year?

Enter the number of overdoses the client reported having in the year prior to admission.

OPIOID URGENT CARE CENTER DISENROLLMENT FORM

▶ ESM Client ID

The Client ID is automatically assigned when the client is entered into the ESM-EIM system. This number should be recorded on the Intake and Assessment forms *after the data is entered* into EIM-ESM system. This is helpful information to have in the client record when verifying the data in the system or when communicating with the Bureau regarding the specific client's case and/or billing as the Bureau does not have access to the name.

▶ Triage Tool ID

▶ Disenrollment Date

Enter the day that the client was disenrolled/discharged to the program. Enter the date using the MM/DD/YYYY format. MM must be 01 through 12 and DD must be 01 through 31 (e.g., 06/01/2007).

First Name/Middle Initial/Last Name/Suffix

Enter the Legal name. Ask for the middle initial and do not enter nicknames. It is important to pursue the legal name to ensure that the client is not entered into the system multiple times due to slight variations in name. Duplicate entries of the same client will prevent the accurate analysis of the client's treatment history and outcomes.

If the client did not sign the ESM Release of Information, use the client's Intake Code as first and last name. Why?

▶ Client Code

The Client Code is a five character code composed of capital letters from the individual's full name:

1. First letter of the client's first name
2. Third letter of the client's first name
3. Middle initial (If none, enter 4)
4. First letter of the client's last name
5. Third letter of the client's last name

The Client Code was used to monitor multiple enrollments across years when EIM-ESM was not implemented and there was no unique Client ID assigned by a system. This is also used by the Federal funding source, The Center for Substance Abuse Treatment, CSAT, to link records across years when monitoring substance abuse treatment utilization and trends.

If the individual's first or last name does not have three letters, use a 4 in place of the third letter. Be sure to base the Client Code on the individual's *full legal name.* Do not use shortened names, such as Bill for William or nicknames such as Buddy. Also, try to obtain the middle initial. Taking these steps

will ensure the quality of data analysis where the Client Code is being used, in part, to uniquely identify clients.

► Intake/Clinician Initials

Enter the initials of the clinician who conducted the enrollment assessment interview.

► Disenrollment Reason

Check only one box. Select form the following choices:

- Referred to Acute Treatment Services (Detox)
- Referred to Clinical Stabilization Services (CSS)
- Referred to Substance Abuse Outpatient Treatment
- Referred to Residential Treatment
- Referred to Methadone Treatment
- Referred to Buprenorphine Treatment (e.g. Suboxone)
- Referred to Injectable Naltrexone Treatment (e.g. Vivitrol)
- Referred to Mental Health Services
- Referral Not Needed
- Referral Conditions Not Met
- Appropriate Service Not Available
- Lost to follow-up